Participatory Practices Learning From Experience*

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Participatory Approach to Design
Child Health Project in Zambia[1]

THE CHALLENGE

In 1991, the newly elected democratic Zambian government began overhauling its health care system. Under the previous system, access to quality health care was severely limited. In general, health care in Zambia had deteriorated significantly, making it one of the few African countries with a rising infant mortality rate, and rates of child malnutrition and HIV infection among the highest on the continent.

In May 1994, USAID/Lusaka conducted a traditional three-week project identification mission. However, in November 1994, the Mission decided to introduce a participatory approach to project design. USAID recognized that as a relative newcomer to the health sector in Zambia, it would need to coordinate closely with the Ministry of Health (MOH), other donors, and key stakeholders to avoid duplication of effort. A highly inclusive process was needed, both to build upon the interests and work of these stakeholders and to ensure that the resulting program fully reflected the needs and perspectives of the intended end-users of services supporting child survival. (Following USAID's adoption of a reengineered operating system in October 1995, customer focus became more explicit in Agency terminology, and programming design focused on results through agreement on strategic objectives and results packages, rather than on projects.)

USAID PARTICIPATORY PRACTICES: LEARNING FROM EXPERIENCE is a case study series of participatory approaches in USAID programs. They are intended to help staff consider similar approaches and share experiences. USAID's Participation Forum and GP-NET, an electronic conversation group, enable development practitioners worldwide to discuss problems and successes in the use of participation. For further information please E-mail Diane La Voy (dlavoy@usaid.gov) or Chanya Charles (ccharles@usaid.gov).

Wendy Kapustin and Chanya Charles drafted the following summary after extensive consultation with Rolf Sartorius (then of Team Technologies), members of USAID/Zambia, and a thorough review of available project documentation. March 1997.

PARTICIPATORY PRACTICE: Inclusive Program Design Process

The Zambia Child Health (ZCH) project design process consisted of three phases: 1) team building and stakeholder interviews; 2) field visits; and 3) strategic project design workshops and report writing. Participants in the design process included 14 core design team members, over 50 representatives from the MOH, bilateral and multilateral donors, international and local NGOs, and, to a lesser extent, community members. The core team members included staff from USAID/Washington, USAID/Zambia, UNICEF, and CARE Zambia.

A team of three professional facilitators/project design specialists worked together with the core design team to structure and carry out the project design process during a six-week period from January to March 1995.

Team-Building Workshop

In January, the ZCH project design process began with a full-day team-building workshop for core design team members in Washington, D.C. This was the first opportunity for many of them to meet one another. The workshop agenda included the following activities: defining expectations, identifying end users of services, examining the interests of key stakeholders, and reviewing team member roles and norms of interaction.

Following the team-building workshop, two facilitators flew to Zambia, a week in advance of the core team, in order to interview stakeholders in Lusaka. They met with USAID/Lusaka, MOH representatives, and other donors to review the design and the proposed agenda for the first strategic planning workshop.

Stakeholder Interviews

USAID/Zambia then conducted approximately 30 interviews with various MOH units involved with maternal and child health, the Health Reform Implementation Team members (senior health planners from the MOH charged with designing and implementing the national health reforms), the Deputy Minister of Health, NGOs, and bilateral and multilateral donors. These interviews outlined USAID's participatory approach, demonstrated the Mission's willingness to listen, earned commitments to attend the workshop, and identified common issues and concerns to be addressed at the workshop.

First Strategic Planning Workshop

The two-day strategic planning workshop on January 17-19 involved approximately 35 to 40 participants from the MOH, USAID, bilateral and multilateral donors, local and international NGOs, local universities, and research groups. The workshop had three key objectives: 1) identification and agreement on priority gaps in practices to improve child survival in Zambia; 2) identification and agreement on USAID's comparative advantages and limitations in addressing these gaps; and 3) preliminary discussion of technical design issues.

On the first day, small working groups of five to eight participants identified, discussed, and defined nine primary problems relating to health services and capacities to improve child survival. After each group presented their findings, participants drafted a list of overlapping issues. During the second day of the workshop, the facilitators presented a consolidated list of major gaps to the plenary, and participants ranked them in terms of priorities through individual balloting. The three major stakeholder groups--USAID, the MOH, and local NGOs--reached a consensus on the top three problems affecting child survival.

Subsequently, the group divided into four teams to discuss perceptions of USAID's comparative advantages and disadvantages in addressing the priority gaps. Two MOH teams, other donors, local NGOs, and a USAID team agreed that the timing of USAID's intervention coincided well with the first phase of implementation of health reforms.

The workshop ended with a brief discussion of the next steps in the design process. USAID and the MOH agreed to conduct joint field visits to further explore issues and problems identified during the two-day workshop. In addition, the participants agreed to meet in three weeks for a second strategic planning workshop to synthesize the project design.

Field Visits

Following the first workshop, the core team members organized their field visit schedules with the MOH and developed simple survey and data collection instruments. During these meetings, the facilitator assisted in developing the necessary materials and tools.

The core team divided into two teams of four to five to visit four separate districts over a two-week period along with seven key representatives from the MOH, UNICEF, and a local umbrella NGO. The teams targeted all levels of MOH personnel for consultations and data collection and held meetings with community leaders and village representatives, women patients in the clinics, and, in some cases, mothers in the village. The teams gathered information about existing activities and services provided. After the field visits, the teams consolidated the findings and translated the issues into eight project objectives for design. USAID then met with the Health Reform Implementation Team at the MOH to elicit their reactions to the preliminary set of project objectives before presenting them to the wider forum of the second workshop. Team members presented data that explained the relationship between priority gaps and key activities.

Synthesis Workshop

The two-day synthesis workshop involved 35 to 40 participants, the majority of whom had attended the strategy workshop three weeks earlier. The workshop objectives were: to review the child survival planning process and core design elements to date; to further define the child survival project design including its activities, performance indicators, assumptions, and risks; and to identify next steps. A joint MOH/USAID presentation to the plenary outlined the preliminary project goal, purpose, outputs, and key activities.

The core team established eight "output galleries" around the room. At each station, flip charts listed the project activities on Post-It notes for discussion and mark-up. Participants roamed the galleries and joined discussions that interested them. The objective of this exercise was to increase understanding of the proposed design elements, and test proposed activities against identified gaps, feasibility questions, and potential overlap with activities already planned or underway. During the afternoon session, small groups reworked and strengthened each part of the design and presented revisions and recommendations.

On the second day, the plenary opened with a joint MOH/USAID presentation of the consolidated outputs. Facilitators first provided participants with brief instructions on how to develop performance indicators. During the remainder of the morning, small groups developed indicators for the project goal and purpose. At the end of the morning session, each group presented their recommendations to the plenary, followed by a brief discussion. The afternoon session used a similar process of small group break-out sessions to develop indicators for the outputs and to identify critical assumptions underlying the project. The workshop closed with a brief discussion of the next step in the design process. The core team then created a project logical framework, building on the inputs and recommendations that resulted from the workshop. The team discussed, debated, and selected indicators for the project goal, purpose, and outputs.

OUTCOME

A month after the final workshop, USAID conducted a survey of participants to test the soundness of the ZCH project design. Twenty-three participants responded to questions about project design quality and the relationship of the process to the design. The survey findings showed that participants strongly believed that the project design responded to the priorities of key stakeholders. The respondents maintained that the participatory process, in comparison to a more traditional process, enabled the design team to collect more accurate information on the needs and capabilities of key stakeholder groups that ultimately led to a higher quality, more responsive design.

The core design team members reviewed the survey and, with substantive input from the MOH, drafted a project paper and jointly presented it to the MOH and USAID. After several weeks of project revision in Lusaka and in Washington, USAID approved the project in August 1995. In May 1996, BASICS was selected as the lead agency in support of the seven-year Zambia Child Health Project. In 1997, the objectives of the ZCH project were incorporated into USAID/Zambia's Strategic Objective 3: Increased Use of Practices that Improve Child and Reproductive Health.

The participatory design process effectively forced the design team to work closely with the Zambian Health Reform Implementation Team to understand the vision and specific content of the reforms, including how power and implementation responsibilities for health delivery were being devolved to the districts. By understanding and supporting the reforms, the team was supporting a new and highly localized health delivery system.

The participatory process also allowed for a better understanding of the roles and capabilities of other actors involved in health delivery. The process put a number of different people together from various units of the MOH, local NGOs, bilateral and multilateral donors. The groups worked together to develop child health interventions that built on existing capabilities and prevented redundancies.

DISCUSSION POINTS

1) The external consultants brought a wide range of technical perspectives to the health issues identified in the planning workshops and field visits. The face-to-face exchange of ideas between external technical consultants and local stakeholders challenged them to adapt the technical perspectives to the Zambian context. This ultimately provided a rich resource base of technical know-how that addressed Zambian issues with interventions responsive to the Zambian context.

2) The stakeholders involved with the design process felt that their interests and ideas were being heard and acted upon. While this is a positive outcome, responsiveness to the interests of diverse stakeholders carries with it a risk that the resulting design may be very complex to implement.

3) Although the design process was inclusive at the stakeholder level, it was less so at the end-user level. The field-visits could have incorporated more open-ended interviewing techniques, such as participatory rapid appraisal. This would have created a foundation for understanding between the stakeholders and end-users, leading to a sense of greater ownership of the program by community residents.

4) Participation is an ongoing process. While the design phase provided the opportunity for inclusion of stakeholders and end-users, the implementation, monitoring, and evaluation also require mechanisms to encourage participation. Stakeholders' views were heard and acted upon during the design phase and need to continue to be heard.

RESOURCES

Sartorius, Rolf. *The Zambia Child Health Project: Case Study of a Process-Oriented Approach to Project Design*. August, 1995.